

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000050451

1. Entity Name  
QUEST CUSTOM BUILDER INC.



Principal Place of Business  
P O BOX 160085  
MIAMI, FL 33116-0085

Mailing Address  
P O BOX 160085  
MIAMI, FL 33116-0085

2. Principal Place of Business  
13320 SW 103 TR.

3. Mailing Address  
13320 SW 103 TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MEANE FL.  
Zip 33186 Country US

City & State  
MIAMI FL.  
Zip 33186 Country US

4. FEI Number  
27-0061899

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AZCUY, ANTONIO  
11320 S W 103 TERR.  
MIAMI, FL 33186

## 7. Name and Address of New Registered Agent

Name Antonio Azcuy  
Street Address (P.O. Box Number is Not Acceptable)  
13320 SW 103 TR.  
City MEANE FL Zip Code 33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-4-05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME PSD  
STREET ADDRESS AZCUY, ANTONIO  
CITY-ST-ZIP 13320 SW 103 TR  
MIAMI, FL 33186

TITLE  
NAME VTD  
STREET ADDRESS AZCUY, ANTHONY  
CITY-ST-ZIP P.O. BOX 160085  
MIAMI, FL 33116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME VPD  
STREET ADDRESS UNZUETA HORACIO A.  
CITY-ST-ZIP 1422 S.W 82 COURT  
MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-05

FILED

05 MAY -6 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 0405



05042005 REIN-P CR2E098 (6/04)